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23 July 1956

MEMORANDUM FOR: Commander, [REDACTED]

SUBJECT : Transport, Storage, Issuance and Operational Instructions
for Utilization of a certain Device

1. There is consigned over to you with this memorandum, conveyed in a combination-locked Protectall Safe, Serial 239-471, ten (10) glass containers packed in chopped cork, which containers have within them a small vial secured with a plastic top. The packing inside the first glass container is a material known as "Ascarite", which is an absorbent agent. Inside the small vial is a rubber-coated capsule, protected at both ends with surgical cotton, such vial containing what is known in KUBARK circles as "Liquid 'L'".

2. The Liquid "L" capsule contains liquid prussic acid in a highly volatile state. It is intended that this device become a part of [REDACTED] mission equipment. One such capsule, or capsules, is provided for each [REDACTED] based on a full strength [REDACTED] complement with [REDACTED]. It is my understanding that the philosophy underlying the furnishing of these devices to [REDACTED] is that these capsules are to be "made available" to the [REDACTED] just prior to the commencement of a mission over enemy territory. The individual [REDACTED] is under no obligation to carry an capsule on his person during a mission, but he must have the opportunity of deciding on his own if he wishes to carry such a device. Even if carried, he is obviously under no compulsion to employ it if captured, though he should be advised of what treatment it is conceivable he might receive at the hands of the enemy, almost regardless of the information he is authorized to tell them or is finally compelled to reveal. However, should he decide, when first reaching enemy territory, that he does not wish to employ the device, he should be cautioned to dispose of it immediately, lest its presence on his person give rise to certain suspicions about the exact nature of his mission. Again, however, should he elect to try to conceal the capsule, it is well to indicate that it can be swallowed whole and passed through the system without harm, or it can be secreted elsewhere in the body, though it is likely that in a thorough search even such a place of concealment would be discovered.

3. Within the KUBARK organization, and within the structure of KUBARK responsibilities regarding the utilization, storage and issuance of this device, standard practice is to lodge accountability and responsibility for issuance on the Senior Operations Officer of a station, base of mission. Within the [REDACTED] organization then, these devices should fall under the control of the Director of Operations, with storage responsibility to lie with the [REDACTED] Senior Security Officer. Should it be necessary to move one or more of these devices to forward staging areas, the senior Security Officer with the staging mission should be

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charged with their security in transit, with the understanding that it (they) will be turned over to the senior Operations Officer present when the forward site is reached. It is suggested that a [] SOP be developed that would include making these devices available at the time [] are mission briefed, and that this SOP include provision to retrieve these devices at the conclusion of each mission (if carried), possibly at the time of debriefing. The Protectall Safe should be locked and stored within a three-way combination safe at all times when it is not being used to issue or retrieve the devices. It is also suggested that the Protectall Safe combination be known only to the [] Commander, the Director of Operations and the [] Senior Security Officer.

4. Instructions for the employment of the Liquid "L" capsules are included with the capsules themselves in the Protectall Safe. Under no circumstances should the [] be permitted to carry these printed instructions on their person, either during a mission or when attached to []. It is suggested that those [] wishing to carry, or be apprised of the existence of the capsules even though they decide not to use them, be permitted to read the instruction sheet and that thereafter the sheet(s) be returned to the Protectall Safe.

5. It is well to point out here that the actual capsule has been environmentally tested by HHSHE facilities, and it is able to withstand the following environmental situations:

a. The capsule has been tested to -95 degrees F and to 120 degrees F.

b. It has been exposed, without damage, to simulated altitudes of 75,000 feet and to pressure differentials equal to an explosive decompression at that altitude occurring with a cabin pressure of 30,000 feet.

6. It should also be mentioned that the contents of the capsule being highly volatile, are dangerous even if released within the confines of a closed room. One capsule, if broken in an average sealed room, ten feet by ten feet, is lethal. Adequate ventilation procedures should be employed at any time the actual capsule is handled within the confines of a building. However, should the capsule leak or be cracked when it is stored within its outer glass covering, the ascarite within the outer glass cylinder acts as an absorbing agent for the prussic acid and prevents its dissipation in the air. Care should be taken in removing the inner capsule from the glass cylinder, since the ascarite is an abrasive agent when it comes in contact with the hands. Should any ascarite come in contact with the skin, the hands should be washed with soap and water as soon as possible. For the further protection of anyone handling the actual capsule, it is suggested that the neck opening of the small vial be sealed with scotch tape or adhesive. However, if the vial is placed in the cylinder in contact

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with the ascorbate, it is likely that scotch tape or adhesive would be affected through chemical action.

7. The following SOP should be observed for prussic acid poisoning:

a. If fumes only have been inhaled:

i. Place the patient in a recumbent position, in a place where plenty of fresh air is available. Keep warm, as one would for a victim of any type of shock.

ii. Immediately break an Amyl Nitrite pearl into a cloth and hold lightly over the nose for 15 to 20 seconds, repeating at 5 minute intervals.

b. If ingested:

i. Force the patient to drink a pint of either one percent sodium thiosulfate water or mustard water every 15 minutes until vomiting ceases. If sufficiently conscious, vomiting should be induced through the insertion of a finger in the patient's throat.

ii. If the patient is unconscious, use artificial respiration, the Amyl Nitrite as above, or an inhalator.

iii. At the same time, 10cc of sodium nitrite solution (3 percent) should be injected intravenously, and followed by 90cc of sodium thiosulfate (25 percent) in the same vein and needle. These should be given at the rate of about 2.5 cc per minute.

iv. Injections in 2 above may be repeated within 24 hours in one-half the dosage for either prophylaxis or if some sign of poisoning persists.

v. Victims of inhalation poisoning, if symptoms do not subside with Amyl Nitrite alone, should receive the injections as for ingested poison.

d. Victims must be watched constantly for at least 24 hours after symptoms subside.

e. Victims who have received Amyl Nitrite should under no circumstances receive methylene blue.

8. While it is anticipated that the above procedure would be conducted by a qualified Medical Officer, employing restoratives normally available to him, it should be pointed out that the Medical Staff of [] have no responsibility for the issuance, storage, or control of the ampoules.

9. The safe containing the ampoules should always serve as mission equipment, and should never be carried by an individual traveling commercial

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[redacted]
air as part of personnel efforts. At the completion of the [redacted] mission, and on the return of [redacted] to the SI, the Protectall Safe and its contents will be returned to HIRAKI. Should replenishment of the supply of these capsules be required for any reason while [redacted] is in the field, the request for same will be sent only by cable HIRAKI to the undersigned.

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[redacted]

CPS/one

Distribution:

Orig - addressee

2- Proj Dir

3 - Cmg/HIS+

4 - S/Proj Dir

5 - D/Admin

6 - Pers [redacted]

7 - D/Ops

8 - SO

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